

THIS INFORMATION IS A PERMANENT RECORD
 A copy of more than one child of a birth, a REPARATORY RETURN must be made for each, and the number of each, in order of birth, attached.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No. _____

1. PLACE OF BIRTH—
 County Gila State Arizona
 Township On reservation without medical care or Village Saa Carlos
 City _____ No. _____ St. _____ Ward _____
Of birth occurred in a hospital or institution, give the NAME instead of street and number
 if child is not yet named, make supplemental report, as directed

2. Full name of child Hammond, Christina

3. Sex Female **4. Full, triplet, or other births** _____ **5. Number, in order of birth** _____
6. Premature Full term **7. Legitimate?** Yes **8. Date of birth** Dec. 26th 1933
(Of month, day, year)

9. Full name of FATHER
Hammond, James

10. Full maiden name of MOTHER
Newton, Florence

11. Residence (usual place of abode) (If nonresident, give place and State)
Saa Carlos

12. Residence (usual place of abode) (If nonresident, give place and State)
San Carlos

13. Color or race 4/4 Apache **14. Age at last birthday** 44 (years)

15. Color or race 4/4 Apache **16. Age at last birthday** 36 (years)

17. Birthplace (city or place) (State or country)
San Carlos Arizona

18. Birthplace (city or place) (State or country)
San Carlos, ARIZONA

OCCUPATION
19. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Labourer
20. Industry or business in which work was done as silk mill, sawmill, bank, etc. _____
21. Date (month and year) last engaged in this work _____

OCCUPATION
22. Trade, profession, or particular kind of work done as housekeeper, typist, nurse, clerk, etc. Housewife
23. Industry or business in which work was done as own home, lawyer's office, silk mill, etc. _____
24. Date (month and year) last engaged in this work _____

25. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ (months or weeks) **29. Cause of stillbirth** _____

REPORT OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at San Carlos on the date above stated.
(Born alive or stillborn)

(Signed) J. C. Hancock M. D.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____
 Address San Carlos, Arizona
 Filed Dec. 31, 1933 J. C. Hancock, M.D.
(Date of)